

EXHIBIT C

CAUSE NO. CL-18-2445-B

THE STATE OF TEXAS
COUNTY OF HIDALGO

NOTICE TO DEFENDANT: "You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served this citation and petition, a default judgment may be taken against you."

To: SHIRE PHARMACEUTICALS
US OPERATIONAL HEADQUARTERS
300 SHIRE WAY
LEXINGTON, MA 02421 / BY SERVING
TEXAS SECRETARY OF STATE
C/O ROLANDO PABLOS
PO BOX 12079
AUSTIN, TEXAS 78711-2079

GREETINGS: YOU ARE HEREBY COMMANDED TO APPEAR by filing a written answer to the Plaintiff's petition at or before 10 o'clock A.M. on or before the Monday next after the expiration of twenty (20) days after the date of service hereof, before the Honorable County Court At Law #2 of Hidalgo County, Texas, by and through the Hidalgo County Clerk at 100 N. Closner, First Floor, Edinburg, Texas 78539.

Said Plaintiff's Petition was filed in said Court, on the 5th day of June, 2018 in this Cause Numbered CL-18-2445-B on the docket of said Court, and styled,

RAQUEL "KELLY" RAMOS CHAPA
vs.
SHIRE PHARMACEUTICALS

The nature of Plaintiff's demand is fully shown by a true and correct copy of Plaintiff's Original Petition (OCA) accompanying this Citation and made a part hereof.

NAME & ADDRESS OF ATTORNEY FOR PLAINTIFF:
MAURO F. RUIZ
118 WEST PECAN BLVD
MCALLEN, TEXAS 78501

The officer executing this citation shall promptly serve the same according to requirements of law, and the mandates hereof, and make due return as the law directs.

ISSUED AND GIVEN UNDER MY HAND AND SEAL OF SAID COURT, at Edinburg, Texas this 7th day of June, 2018.



ARTURO GUAJARDO, JR.
COUNTY CLERK, HIDALGO COUNTY, TEXAS
100 N. CLOSNER
EDINBURG, TEXAS 78539
COUNTY COURT AT LAW #2

BY Ester C. Espinoza DEPUTY
ESTER C. ESPINOZA

SHERIFF'S/CONSTABLE'S/CIVIL PROCESS

SHERIFF'S RETURN

Came to hand on the 8 day of June, 2018, at 11:18 o'clock A M., by
Deputy (Sheriff/Constable)/Civil Process Server and to-wit the following:

DEFENDANT SERVED

Service was EXECUTED on the above referenced Defendant, in person, in Hidalgo County, Texas and served with a true copy of this Citation, with the date of delivery endorsed thereon, together with the accompanying copy of the Plaintiff's Petition, at the following

Date, time, and place, to-wit:

NAME Shire Pharmaceuticals DATE 6-11-18 TIME 11:30 PLACE SOS P.O. Box 12079 Austin TX 78711

By: [Signature] PSC 14974 By: _____
CIVIL PROCESS SERVER DEPUTY SHERIFF/CONSTABLE

DEFENDANT NOT SERVED

Service was ATTEMPTED at the above address on the above referenced Defendant on the following date(s) and time(s), but to no avail:

NAME C. J. J. DATE 6-11-18 TIME _____ PLACE _____

NAME _____ DATE _____ TIME _____ PLACE _____

NAME _____ DATE _____ TIME _____ PLACE _____

By: _____ By: _____
CIVIL PROCESS SERVER DEPUTY SHERIFF/CONSTABLE

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF,
CONSTABLE OR CLERK OF THE COURT

In accordance to rule 107, the officer or authorized person who serves or attempts to serve a citation must sign the return. If the return is signed by a person other than a sheriff, constable or the clerk of the court, the return must either be verified or be signed under the penalty of perjury. A return signed under penalty of perjury must contain the statement below in substantially the following form:

"My name is Matthew H. Hughes, my date of birth is 4-5-75 and my address is 217 Daffodil,

McAllen TX 78501. I declare under penalty of perjury that the foregoing is true and correct

EXECUTED in Hidalgo County, state of Texas, on the 13 day of June, 2018.

[Signature]
DECLARANT

5-31-2020 / PSC-14974

If Certified by the Supreme Court of Texas
Date of Expiration /SCH Number

7018 0680 0000 0868 9212

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Service Type
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage and Fees

Postmark
Have 2018

SHIRE PHARMACEUTICALS
c/o Rolando Pablos
P.O. Box 12079
Austin, Texas 78711-2079

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>SHIRE PHARMACEUTICALS c/o Rolando Pablos P.O. Box 12079 Austin, Texas 78711-2079</p> <p>9590 9402 3706 7335 4974 71</p> <p>2. Article Number (Transfer from service label) 7018 0680 0000 0868 9212</p>	<p>A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: TX Comptroller Mail</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt